

REMARKS

Claims 1-28 are currently canceled without prejudice. Claim 29 is amended. New claim 31 has been added. Reconsideration of the application is requested.

Claim 29 has been amended to replace “IRM” with “immune response modifier”. Claim 29 has also been amended to require that the IRM compound has a particular structure. Support for the amendment can be found at, e.g., page 11, lines 15 - 17, of the specification.

New claim 31 has been added to further specify particular IRM compound types. Support can be found at page 11, line 17 to page 12, line 11 of the specification, as well as original claim 13. No new matter has been added.

§ 102 Rejection

Claims 29-30 were rejected under 35 USC § 102(e) as being anticipated by US 6,890,904 (Wallner). Applicant respectfully requests reconsideration.

While Wallner may disclose treatment of skin lesions with certain anti-tumor compounds in combination with ablation, there is no disclosure at all regarding “visualization of the margins of the skin lesion.” The Office Action asserts that such visualization is inherent because Wallner describes an “amount” consistent with Applicant’s description and the ablation may take place after a period of time following compound administration. However, there is no indication that the Wallner compounds create *any* visualization at all, regardless of when and how much they are administered. Moreover, Wallner discloses compound administration before, during, or after the other anti-proliferative therapy. There is clearly no recognition or teaching to practice Applicant’s claimed method or any benefits relating to visualization of lesion margins. It is therefore submitted that alleged inherent disclosure in Wallner is highly speculative and insufficient to constitute anticipation of the claimed method.

Finally, claim 29 has also been amended to require certain IRM compound structures that do not include the Wallner compounds. It should be noted that Wallner does disclose the imidazoquinoline amine “imiquimod” (col. 19, line 1) as a suitable anti-proliferative drug for use

in combination with the Wallner compounds, but there is no teaching to visual lesion margins using imiquimod in combination with ablation therapy.

New claim 31 includes a list of IRM compound classes that further distinguish over the Wallner compounds.

In view of the above, it is submitted that the rejection under 35 USC § 102(e) as being anticipated by Wallner has been overcome and should be withdrawn.

Examination and reconsideration of the application as amended is requested.

Applicant requests a telephone interview to more fully understand the examiners position and advance this case to issuance.

Respectfully submitted,

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